

CASE # HP 205 - / Act
(10201531)

Patent No.: 6,028,414

MAILED: February 19, 2002 DUE: February 22, 2002
**The stamp of the Patent Office hereon may be taken as acknowledgment
of receipt, on the date stamped, of the following:**

Reissue Patent Application entitled "Fuel Cell Stand-By Energy Supply System"

1. Reissue Patent Application Transmittal Form
2. Reissue Application Fee Transmittal Form
3. Specification and Claims (Ribboned Original Letters Patent No. 6,028,414)
4. Reissue Oath/Declaration
5. Reissue Application: Consent of Assignee; Statement of Non-Assignment
6. Statement Under 37 CFR § 3.73(b)
7. Information Disclosure Statement and Copies of IDS Citations
8. Preliminary Amendment
9. Check No. 010031 for \$370.00 (Reissue Filing Fee)

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|--|--|---------------------|
| Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231 | Attorney Docket No. | 14079-1US-R GH/k |
| | First Named Inventor | CHOUINARD, Jean-Guy |
| | Original Patent Number | 6,028,414 |
| | Original Patent Issue Date (Month/Day/Year) | February 22, 2000 |
| | Express Mail Label No. | |

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

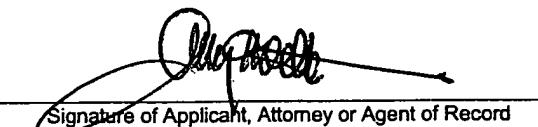
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|---|--|--|--|
| APPLICATION ELEMENTS (37 CFR 1.173) | | ACCOMPANYING APPLICATION PARTS | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(PTO/SB/96)</i> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | | 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). * 11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other: <i>* Preliminary Amendment.....</i> | |

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|---|---|------------------------------|
| NAME (Print/Type) <i>Guy L. Houle</i> Signature | Registration No. (Attorney/Agent) | 24,971 |
| | | Date <i>Feb. 15, 2002</i> |

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | Docket Number (Optional) 14079-1US-R GH/ik | | | | |
|---|---|-------------------------------------|---|--|--------------|---------------------------|---------------------------|-----|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 16 | Total Claims (37 CFR 1.16(j)) | (B) 18 | **** = | x \$ _____ = | | or | x \$ _____ = | |
| (C) 1 | Independent claims (37 CFR 1.16(l)) | (D) 1 | * = | x \$ _____ = | | | x \$ _____ = | |
| | | | | Basic Fee (37 CFR 1.16(h)) \$ 370 | | | | |
| | | | | Total Filing Fee \$ 370 | | | | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(l)) | *** | MINUS | ** | * = | x \$ _____ = | | x \$ _____ = | |
| Independent Claims (37 CFR 1.16(l)) | *** | MINUS | ***** | = | x \$ _____ = | | x \$ _____ = | |
| | | | | Total Additional Fee \$ | | | | |
| | | | | | | OR | \$ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> | | | | | | | | |
| <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 370.00 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | |
| Feb. 15, 2002 Date | | | |  Signature of Applicant, Attorney or Agent of Record Guy J. Houle (Reg. No. 24,971) Typed or printed name | | | | |